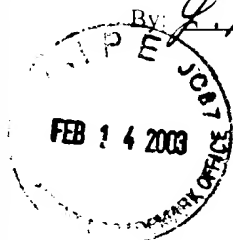


I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231, ON THE DATE INDICATED BELOW.

By: J. M. Laurin

Date: Feb. 10, 2003



PATENT
RECEIVED

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE FEB 20 2003

In Re: Patent Application of : Group Art Unit: 1644 TECH CENTER 1600/2900
Boris Skurkovich et al. :
:
:
Appln. No.: 09/487,979 : Examiner: Amy DeCloux, Ph.D.
:
:
Filed: January 20, 2000 : Attorney Docket
:
For: TREATMENT FOR AUTOIMMUNE : No.: 053663-5001-09
DISEASE, INCLUDING AIDS :
:

AFTER FINAL REQUEST FOR CONTINUED EXAMINATION (RCE)
UNDER 37 C.F.R. 1.114

This is a request under 37 CFR 1.114 for continued examination (RCE) of the above identified application in response to the Advisory Action mailed January 13, 2003 (Paper No. 19). Enclosed are the following in support of the RCE under 37 C.F.R. 1.114:

- ☒ Enter the unentered Amendment previously filed on December 6, 2002 under 37 CFR 1.116 in the above application.
- ☐ An Amendment/Request for Reconsideration.
- ☐ An Information Disclosure Statement, PTO-1449 and cited references.
- ☐ New formal drawings.

The following fees are enclosed:

- ☒ RCE fee of \$375 required under 37 C.F.R. 1.17(e).

					SMALL ENTITY		LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	2	(-)	or 20	0	x9	0	x18	
INDEP.	1	(-)	or 3	0	x49	0	x80	
<input type="checkbox"/> 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					- \$135		- \$270	
TOTAL					0		TOTAL	

- ☐ Firm check(s) totalling \$____.00 is/are enclosed herewith.
- ☒ The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-0310 (Billing No. 053663-5001) as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee(s).
- ☒ RCE fee in the amount of \$375.00.
- ☐ Extension fee in the amount of \$____.00
- ☐ Additional claim fee(s) in the amount of \$____.00 as calculated above
- ☒ Any additional fees required under 37 C.F.R. §§ 1.16 or 1.17.
- ☒ In the event that a Petition for Extension of Time is required, but not enclosed, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

January 2, 2003
(Date)

By:

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